

# MALARIA BEHAVIOR SURVEY STANDARD HOUSEHOLD QUESTIONNAIRE

## IDENTIFICATION PAGE

IDENTIFICATION	
GHANA	
[NAME OF ORGANIZATION]	
TYPE OF PLACE OF RESIDENCE: URBAN	1                      RURAL                      2                       __
NAME OF DISTRICT/      REGION	
NAME OF LOCATION:	
LOCALITY: .....	
CLUSTER NUMBER	_ _ _ _ _
HOUSEHOLD NUMBER	_ _
LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE	_ _

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY                       _ _  MONTH                       _ _  YEAR                       _ _ _ _ _
INTERVIEWER'S NAME				INT. NUMBER  _ _ _ _ _
RESULT*				RESULT                       _ _
NEXT VISIT      DATE TIME				TOTAL NUMBER OF VISITS =  _ _
<b>*RESULT CODES</b> <div style="display: flex; justify-content: space-between;"> <div> 1    COMPLETED  2    NOT AT HOME  3    POSTPONED  7    OTHER </div> <div> 4    REFUSED  5    PARTLY COMPLETED    <i>(specify)</i> </div> </div>				
<b>SUPERVISOR</b>  NAME                       _ _ _				

## MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD SCHEDULE									
LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	RESIDENCE		AGE	CHILDREN AGES 0-4	LINE NUMBER OF MOTHER	LINE NUMBER OF FATHER	SELECTED FOR INDIVIDUAL INTERVIEW*
1	2	3	4	5	6	7	8	9	10
	Please give me the nick names or first names <b>only</b> of the persons who usually live in your household and guests of the household who stayed here last night, starting with the respondent.	Is (NAME) female or male?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 65 years OR MORE, RECORD '65'	CIRCLE LINE NUMBER OF ALL CHILDREN AGES 0-4	FOR EACH CHILD AGES 0-4 years, WRITE IN THE LINE NUMBER OF THAT CHILD'S MOTHER.	FOR EACH CHILD AGES 0-4, WRITE IN THE LINE NUMBER OF THAT CHILD'S FATHER	
01		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	01	_ _	_ _	
02		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	02	_ _	_ _	
03		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	03	_ _	_ _	
04		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	04	_ _	_ _	
05		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	05	_ _	_ _	
06		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	06	_ _	_ _	
07		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	07	_ _	_ _	
08		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	08	_ _	_ _	

### MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

09		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	09	_ _	_ _	
10		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	10	_ _	_ _	
11		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	11	_ _	_ _	
12		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	12	_ _	_ _	
13		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	13	_ _	_ _	
14		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	14	_ _	_ _	
15		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	15	_ _	_ _	
16		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	16	_ _	_ _	
17		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	17	_ _	_ _	
18		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	18	_ _	_ _	
19		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	19	_ _	_ _	
20		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	20	_ _	_ _	

CHECK COLUMN 6:

ALL WOMEN AGED 15 – 49 YEARS WILL BE SELECTED FOR INDIVIDUAL INTERVIEW


IN ONE THIRD OF HOUSEHOLDS, IN ADDITION TO ALL ELIGIBLE WOMEN, THE HUSBAND OF ONE OF THE ELIGIBLE WOMEN, AGED 18 – 59 YEARS, WILL BE RANDOMLY SELECTED FOR INDIVIDUAL INTERVIEW.

# MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

## Household characteristics

BACKGROUND INFORMATION: HOUSEHOLD CHARACTERISTICS						
NO.	QUESTION	CODING CATEGORIES				SKIP TO
101.	How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS — —				
102.	<p>Main material of the dwelling floor.</p> <p>RECORD OBSERVATION.</p> <p>IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, I.E., WHAT COVERS THE LARGEST AREA.</p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH / SAND/MUD 11</p> <p>DUNG 12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES/PORCELAIN TILES/MARBLE/TERAZZO 33</p> <p>CONCRETE, CEMENT 34</p> <p>WOOLEN CARPET/SYNTHETIC CARPET 35</p> <p>LINOLEUM/RUBBER CARPET.....36</p> <p><b>OTHER (specify)</b> 96</p>				
103.	<p>Main material of the roof.</p> <p>Record observation.</p> <p>If observation is not possible, ask the respondent to determine the material of the roof.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF 11</p> <p>THATCH / PALM LEAF 12</p> <p>SOD 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MATS 21</p> <p>PALM / BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p><b>FINISHED ROOFING</b></p> <p>ZINC, ALUMINIUM 31</p> <p>WOOD 32</p> <p>V</p> <p>CERAMIC/BRICK TILES 34</p> <p>CONCRETE, CEMENT 35</p> <p>ASBESTOS/SLATE ROOFING SHEETS 36</p> <p>ROOFING SHINGLES.....37</p> <p><b>OTHER (specify)</b> 96</p>				
104.	<p>Please tell me how far away from your house are the following and how long does it take to get there by walking, bicycle, tricycle (cycle riskshaw), motorcycle, donkey cart, car or bus?</p> <p>FOR THE TIME IN MINUTES WALKING, PUT 9998 IF THE PERSON SAYS IT IS TOO FAR TO WALK;</p>	STRUCTURE	DISTANCE IN KILOMETERS	TIME IN MINUTES WALKING	TIME IN MINUTES ANY OTHER MODE OF TRANSPORT	

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	FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT 9999	<b>NEAREST GOVT HOSPITAL</b>				
		<b>NEAREST GOVT HEALTH CENTER</b>				
		<b>NEAREST PRIVATE HOSPITAL/ CLINIC</b>				
		<b>NEAREST PRIVATE NURSING/ MATERNITY HOME</b>				
		<b>NEAREST PHARMACY</b>				
		<b>NEAREST CHEMIST/PMV</b>				
105.	<i>Main material of the exterior walls.</i>  <i>Record observation.</i>	<b>NATURAL WALLS</b> NO WALLS 11 CANE / PALM / TRUNKS 12 MUD/LANDCRETE 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 <b>FINISHED WALLS</b> CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCK 34 COVERED ADOBE 35 WOOD PLANKS / SHINGLES 36 <b>OTHER (specify)</b> 96				
106.	Are the eaves of the house open or closed?	COMPLETELY OPEN 1 PARTIALLY OPEN 2 CLOSED 4				
107.	Does the part of the house or building occupied by the household have a ceiling?	NO, NONE 1 YES, PARTIAL/POORLY SEALED/WORN OUT 2 YES, COMPLETE AND SEALED 3				
108.	Are the windows and any airbrick gaps in the house or building boarded up, glazed or screened against mosquito entry with netting?	YES, COMPLETELY 1 YES, COMPLETE, BUT WITH HOLES 2 YES, INCOMPLETE OR BADLY DAMAGED 3 NO, ABSENT 4	 <b>110</b>			

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109.	What is the <u>primary</u> material used to board up, glaze or screen windows or airbrick gaps?	WOODEN BOARDS 1 GLASS 2 METAL NETTING 3 FABRIC NETTING 4 PLASTIC NETTING 5 POLYESTER 6																												
110.	Does your household have electricity?	YES 1 NO 2																												
111.	Does your household have the following items which are in good working order?  ASK ABOUT EACH ITEM SEPARATELY.  [*add additional items, as applicable]	<table style="width: 100%; border: none;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr><td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ACCESS TO INTERNET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ELECTRIC FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AIR CONDITIONER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	COMPUTER	1	2	REFRIGERATOR	1	2	ACCESS TO INTERNET	1	2	ELECTRIC FAN	1	2	AIR CONDITIONER	1	2				
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112.	Does any member of your household own:  ASK ABOUT EACH ITEM SEPARATELY  [*add additional items, as applicable]	<table style="width: 100%; border: none;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th></tr> </thead> <tbody> <tr><td>WATCH</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SIMPLE MOBILE PHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SMARTPHONE/TABLET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BICYCLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOTORCYCLE / SCOOTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ANIMAL-DRAWN CART</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CAR / TRUCK / VAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BOAT WITH OR WITHOUT MOTOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	SIMPLE MOBILE PHONE	1	2	SMARTPHONE/TABLET	1	2	BICYCLE	1	2	MOTORCYCLE / SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR / TRUCK / VAN	1	2	BOAT WITH OR WITHOUT MOTOR	1	2	
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BOAT WITH OR WITHOUT MOTOR	1	2																												
113.	Does any member of your household own agricultural land?	YES 1 NO 2	115																											
114.	How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES _____ 95 OR MORE 95 DON'T KNOW 98																												
115.	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	117																											
116.	How many of the following animals does this household have?  ASK FOR EACH TYPE OF ANIMALS SEPARATELY  **[include additional animals as applicable]  <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	<table style="width: 100%; border: none;"> <thead> <tr> <th></th><th style="text-align: center;">NUMBER</th></tr> </thead> <tbody> <tr><td>COWS OR BULLS</td><td style="text-align: center;">_____</td></tr> <tr><td>HORSES, DONKEYS OR MULES</td><td style="text-align: center;">_____</td></tr> <tr><td>GOATS</td><td style="text-align: center;">_____</td></tr> <tr><td>SHEEP</td><td style="text-align: center;">_____</td></tr> <tr><td>CHICKENS OR OTHER POULTRY</td><td style="text-align: center;">_____</td></tr> <tr><td>PIGS</td><td style="text-align: center;">_____</td></tr> <tr><td>RABBITS</td><td style="text-align: center;">_____</td></tr> <tr><td>GRASS CUTTER</td><td style="text-align: center;">_____</td></tr> <tr><td>OTHER</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		NUMBER	COWS OR BULLS	_____	HORSES, DONKEYS OR MULES	_____	GOATS	_____	SHEEP	_____	CHICKENS OR OTHER POULTRY	_____	PIGS	_____	RABBITS	_____	GRASS CUTTER	_____	OTHER	_____								
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OTHER	_____																													
117.	QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM																													
118.	At any time in the past 12 months, has anyone come into your dwelling asking to	YES 1 NO 2 DON'T KNOW 8	123 123																											

## MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

	spray the interior walls against mosquitoes?		
119.	At any time in the past 12 months, has the interior walls of you dwelling been sprayed against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	122 122
120.	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY 2 NON-GOVERNMENTAL ORGANIZATION 3 OTHER 96 (SPECIFY) DON'T KNOW 98	
120b	What was the <u>main</u> reason you agreed to have your dwelling sprayed?	I SAW/HEARD MESSAGES ABOUT IT TO KILL MOSQUITOES TO KILL OTHER INSECTS OR PESTS I HEARD IT RECOMMENDED BY A FAMILY/FRIEND/NEIGHBOR I HEARD IT RECOMMENDED BY A CHW/HEALTH PROVIDER OTHER (SPECIFY) [ADD RESPONSES]	
121.	Since your dwelling was sprayed, have you repainted, re-plastered, or washed the walls in any way?	YES 1 NO 2 DON'T KNOW 8	123
122.	What was the <u>main</u> reason your dwelling was not sprayed?	SPRAY TEAM DID NOT COME 1 NO ONE WAS HOME 2 IT DAMAGES THE WALLS 3 IT IS BAD FOR OUR HEALTH 4 DID NOT WANT TO SHOW TEAM OUR POSSESSIONS 5 SPRAYING DOES NOT DO ANYTHING 6 SPRAYING IS ANNOYING/SMELLS BAD 7 OTHER 96 DON'T KNOW 98	
123.	When was the last time that any house in this community was sprayed?	LESS THAN THREE MONTHS AGO 1 3 – 5 MONTHS AGO 2 6 – 11 MONTHS AGO 3 ONE YEAR OR MORE 4 NEVER 5 DON'T KNOW 8	
124.	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	125B
125.	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS      __ __	

# MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

## Net roster

ITN: NET ROSTER							
135. Ask the respondent to show you all the nets in the household. If more than 3 nets, use additional questionnaire.							
		1 <sup>ST</sup> NET		2 <sup>ND</sup> NET		3 <sup>RD</sup> NET	
A.	INDICATE WHETHER YOU ARE ABLE TO PHYSICALLY OBSERVE THE NET OR NOT.	OBSERVED	1	OBSERVED	1	OBSERVED	1
		NOT OBSERVED	2	NOT OBSERVED	2	NOT OBSERVED	2
B.	How many months ago did your household get the bed net? <i>If less than one month, record '00'.</i>	MONTHS AGO _____		MONTHS AGO _____		MONTHS AGO _____	
		> 36 MONTHS AGO	95	> 36 MONTHS AGO	95	> 36 MONTHS AGO	95
		DK / NOT SURE	98	DK / NOT SURE	98	DK / NOT SURE	98
C.	Observe or ask the brand/type of bed net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net brand/types to the respondent</i> [THE RESPONSE OPTIONS TO THIS QUESTIONS SHOULD BE ADAPTED TO REFLECT LOCALLY AVAILABLE BED NETS]	ITN		ITN		ITN	
		PERMANET	10	PERMANET	10	PERMANET	10
		DAWA PLUS	11	DAWA PLUS	11	DAWA PLUS	11
		OLYSET	12	OLYSET	12	OLYSET	12
		LIFE NET	13	LIFE NET	13	LIFE NET	13
		INTERCEPTOR	14	INTERCEPTOR	14	INTERCEPTOR	14
		DURANET	15	DURANET	15	DURANET	15
		YORKOOL	16	YORKOOL	16	YORKOOL	16
		MAGNET	17	MAGNET	17	MAGNET	17
		ROYAL SENTRY	18	ROYAL SENTRY	18	ROYAL SENTRY	18
		OTHER ITN BRAND	19	OTHER ITN BRAND	19	OTHER ITN BRAND	19
		UNTREATED NET	31	UNTREATED NET	31	UNTREATED NET	31
		OTHER BRAND	96	OTHER BRAND	96	OTHER BRAND	96
		(specify)		(specify)		(specify)	
		DON'T KNOW BRAND	98	DON'T KNOW BRAND	98	DON'T KNOW BRAND	98
D.	Had the mosquito net already been treated with insecticides when you got it? ** <i>** Ask only where relevant</i>	YES	1☐F	YES	1☐F	YES	1☐F
		NO	2	NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8	DON'T KNOW	8
E.	Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes? ** <i>** Ask only where relevant</i>	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8	DON'T KNOW	8
F.	Did you get the net through a point mass distribution campaign, during an antenatal care visit, during an immunization visit, or school distribution ? [Revise responses 1-3 per local context]	YES, POINT MASS DISTRIBUTION	1☐H	YES, POINT MASS DISTRIBUTION	1☐H	YES, POINT MASS DISTRIBUTION	1☐H
		YES, ANC	2☐H	YES, ANC	2☐H	YES, ANC	2☐H
		YES, IMMUNIZATION VISIT	3☐H	YES, IMMUNIZATION VISIT	3☐H	YES, IMMUNIZATION VISIT	3☐H
		YES, SCHOOL DISTRIBUTION	3A☐H	YES, SCHOOL DISTRIBUTION	3A☐H	YES, SCHOOL DISTRIBUTION	3A☐H
		NO	4	NO	4	NO	4



## MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

G.	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY/CHEMIST/DRUG STORE 03 SHOP / MARKET / STREET VENDOR 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE 08 PETROL STATION/MOBILE MART.....09 MASS DISTRIBUTION CAMPAIGN.....10 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATEHEALTH FACILITY 02 PHARMACY/CHEMIST/DRUG STORE 03 SHOP / MARKET / STREET VENDOR 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE 08 PETROL STATION/MOBILE MART.....09 MASS DISTRIBUTION CAMPAIGN.....10 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY/CHEMIST/DRUG STORE 03 SHOP / MARKET / STREET VENDOR 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE 08 PETROL STATION/MOBILE MART.....09 MASS DISTRIBUTION CAMPAIGN.....10 OTHER 96 DK 98
H.	Did you pay any money for this net?	YES 1 NO 2□J DK / NOT SURE 8	YES 1 NO 2□J DK / NOT SURE 8	YES 1 NO 2□J DK / NOT SURE 8
I.	How much did you pay?	COST _____	COST _____	COST _____
J.	Did anyone sleep under this bed net last night?	YES 1 NO 2□M DK / NOT SURE 8	YES 1 NO 2□M DK / NOT SURE 8	YES 1 NO 2□M DK / NOT SURE 8
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2	INDOORS 1 OUTDOORS 2	INDOORS 1 OUTDOORS 2
L.	Who slept under this bed net last night?  <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i>  <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the bed net, record '00' for LINE NUMBER.</i>  <i>Go to "L" after entering name/line # of the last user</i>	NAME #1  LINE NUMBER _____  NAME #2  LINE NUMBER _____  NAME #3  LINE NUMBER _____  NAME #4  LINE NUMBER _____	NAME #1  LINE NUMBER _____  NAME #2  LINE NUMBER _____  NAME #3  LINE NUMBER _____  NAME #4  LINE NUMBER _____	NAME #1  LINE NUMBER _____  NAME #2  LINE NUMBER _____  NAME #3  LINE NUMBER _____  NAME #4  LINE NUMBER _____
M.	What is the <u>main</u> reason that nobody slept under this bed net last night?	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3

## MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

	<b>RECORD ONE ANSWER</b>	DON'T LIKE SMELL 4 FEEL 'CLOSED IN' 5 NET TOO OLD OR TORN 6 NET TOO DIRTY 7 NET NOT AVAILABLE LAST NIGHT (WASHING) 8 USUAL USER DID NOT SLEEP HERE LAST NIGHT 9 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 Net too hard 12 Net too soft 13 Don't like the color 14 Net too small 15 Don't like the shape 16 OTHER ( <i>specify</i> ) 96 DON'T KNOW 98	DON'T LIKE SMELL 4 FEEL 'CLOSED IN' 5 NET TOO OLD OR TORN 6 NET TOO DIRTY 7 NET NOT AVAILABLE LAST NIGHT (WASHING) 8 USUAL USER DID NOT SLEEP HERE LAST NIGHT 9 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 Net too hard 12 Net too soft 13 Don't like the color 14 Net too small 15 Don't like the shape 16 OTHER ( <i>specify</i> ) 96 DON'T KNOW 98	DON'T LIKE SMELL 4 FEEL 'CLOSED IN' 5 NET TOO OLD OR TORN 6 NET TOO DIRTY 7 NET NOT AVAILABLE LAST NIGHT (WASHING) 8 USUAL USER DID NOT SLEEP HERE LAST NIGHT 9 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 Net too hard 12 Net too soft 13 Don't like the color 14 Net too small 15 Don't like the shape 16 OTHER ( <i>specify</i> ) 96 DON'T KNOW 98
N.	Where was the net found?  Insert a guide that this question should not be asked but observed	HANGING LOOSE OVER SLEEPING PLACE 1□P HANGING AND FOLDED UP AND TIED 2□P NOT HANGING BUT NOT STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5	HANGING LOOSE OVER SLEEPING PLACE 1□P HANGING AND FOLDED UP AND TIED 2□P NOT HANGING BUT NOT STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5	HANGING LOOSE OVER SLEEPING PLACE 1□P HANGING AND FOLDED UP AND TIED 2□P NOT HANGING BUT NOT STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5
O.	What is the reason the net is not hanging for sleeping	NET TOO DIFFICULT TO HANG A THE NET IS TOO SHORT B NO SPACE TO HANG NET C NO ONE TO HANG NET D WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN G OTHER X DON'T KNOW Y	NET TOO DIFFICULT TO HANG A THE NET IS TOO SHORT B NO SPACE TO HANG NET C NO ONE TO HANG NET D WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN G OTHER X DON'T KNOW Y	NET TOO DIFFICULT TO HANG A THE NET IS TOO SHORT B NO SPACE TO HANG NET C NO ONE TO HANG NET D WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN G OTHER X DON'T KNOW Y

## MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

P.	How many nights has this net been used in the last week?	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3 NOT USED LAST WEEK 4 NET IS NOT USED AT ALL 5 DON'T KNOW 98	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3 NOT USED LAST WEEK 4 NET IS NOT USED AT ALL 5 DON'T KNOW 98	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3 NOT USED LAST WEEK 4 NET IS NOT USED AT ALL 5 DON'T KNOW 98
Q.	What is the color of the net?	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)
R.	Has this net ever been washed?	YES 1 NO 2 DON'T KNOW 8 IF 2 OR 8 IV	YES 1 NO 2 DON'T KNOW 8 IF 2 OR 8 IV	YES 1 NO 2 DON'T KNOW 8 IF 2 OR 8 IV
S.	How many times has this net been washed in the last six months? IF NONE, ENTER 00	NUMBER OF TIMES  _ _	NUMBER OF TIMES  _ _	NUMBER OF TIMES  _ _
T.	For the last wash, what was used in addition to water?	BAR SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5	BAR SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5	BAR SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5
U.	Where was the net dried	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 5	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 5	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 5
V.	Is there another net? Probe for any nets not currently used or in storage.	YES 1 NO 2 Next Net End	YES 1 NO 2 Next Net End	YES 1 NO 2 Next Net End